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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/840,707 04/23/2001 ABN
 and is a DIV of 09/562,979 04/27/2000 ABN
 and claims benefit of 60/198,210 04/27/1999 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/22/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 0	CLAIMS 7	CLAIMS 1
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Compositions and methods for treating hemorrhagic virus infections and other disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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